



City of Long Beach
DEPARTMENT OF HUMAN RESOURCES

EMPLOYEE RESIGNATION NOTICE

COMPLETED BY EMPLOYEE

Date: _____

Name: _____ SS#: _____

Address: _____

Department: _____ Position: _____

I, the above named employee, submit my resignation effective close of
day _____, 20____ for the following reason(s):

(Be specific)

Signature of Employee

Special Note: Only applies to full benefit employees with insurance coverage prior to separation date.

I have been given a copy of the health insurance **COBRA** plan
available to me under the terms of the City's group health
insurance policy

Signature of Employee

COMPLETED BY EMPLOYEE'S DEPARTMENT

Date _____

Exit interview comments: _____

Signature of Department Head/Designee

Distribution: Original and one copy – attach to U. I. form
Copy – Departmental File